

☒ PERMANENT
CERTIFICATE
☐ TEMPORARY
CERTIFICATE

DECEDENT'S BIRTH NO.

STATE OF ILLINOIS

STATE FILE
NUMBER

CORONER'S CERTIFICATE OF DEATH

REGISTRATION
DISTRICT NO. 12.0
REGISTERED
NUMBER 5

Type, or Print in
PERMANENT INK
See A Manual for
Coroners and
Funeral Directors
Handbook for
INSTRUCTIONS

A. **DECEASED**

B.

C.

D.

E.

PARENTS

DECEASED - NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. Everett Clarence Blockinger Male 3. Jan. 9, 1981
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) ORIGIN OR DESCENT AGE - LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MO., DAY, YEAR) COUNTY OF DEATH
4a. White American 5a. 84 5b. March 24, 1876 7a. Clark
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE DOA, OP/EMER. RM. INPATIENT (SPECIFY)
7b. Darwin Twp. 7c. R.R. #2, West Union 7d. —
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
8. Illinois 9. U.S.A. 10. Widowed 11. —
SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY U.S. WAR VETERAN (YES, NO) WAR OR DATES OF SERVICE
12. 320-32-1653 13a. Farmer 13b. Agriculture 13c. No 13d. —
RESIDENCE STREET AND NUMBER CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES, NO) COUNTY STATE
14a. R.R. #2, West Union 14b. Darwin Twp. 14c. No 14d. Clark 14e. Illinois

FATHER - NAME FIRST MIDDLE LAST MOTHER - MAIDEN NAME FIRST MIDDLE LAST
15. John L. Blockinger 16. Elizabeth - Hammerly
INFORMANT'S SIGNATURE RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)
17a. Armagine Nelson 17b. Daughter 17c. R.R. #2, West Union, Ill. 62477

18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. IMMEDIATE CAUSE
(a) Cardiac Arrest
(b) Myocardial Infarction
(c) —
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY (YES/NO) IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. No 19b. —

ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18)
20a. Natural 20b. — 20c. — M. 20d. —
INJURY AT WORK (YES, NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY) LOCATION (CITY, VIL. OR TOWN, OR TWP. OR RD. DIST. NO., COUNTY, STATE)
20e. — 20f. — 20g. —

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT
21a. THE DECEDENT WAS PRONOUNCED DEAD ON MONTH DAY YEAR AT
21b. Jan. 9 1981 21c. 11:30 A.M.

CERTIFIER

CORONER'S SIGNATURE DATE SIGNED (MONTH, DAY, YEAR)
22a. Donald H. Hosch 22b. Jan. 10, 1981
CORONER'S PHYSICIAN'S SIGNATURE DATE SIGNED (MONTH, DAY, YEAR)
23a. — 23b. —

DISPOSITION

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY - NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. Burial 24b. Marshall Cemetery 24c. Marshall, Illinois 24d. Jan. 12, 1981
FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP
25a. Prust-Hosch Funeral Chapel West Union, Illinois 62477
FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. Donald H. Hosch 25c. 5771
LOCAL REGISTRAR'S SIGNATURE DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. Merle Fisher, Leary, Illinois 26b. Jan. 13, 1981

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE Jan. 14, 1981 SIGNED Merle Fisher OFFICIAL TITLE City Clerk
AT Leary, Illinois

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

Everett Blockings
Death Art.